



WESTSIDE
CARE CENTER

February 15, 2023

Dear Members of the Human Services and Aging Committee,

My name is George Kingston and I am the Administrator of Westside Care Center, a 162 bed skilled nursing facility located in Manchester, CT. Westside Care Center is part of the iCare Health Network, which operates eleven skilled nursing facilities in Connecticut. I have been an Administrator for over thirty years the last eleven years working with iCare.

I am writing today to express my deep concern regarding the 4.1 Per Day Direct Care Minimum Staffing Legislative Proposal.

My two major concerns lie in the inability to recruit the staff needed as well as the incremental cost of this unfunded mandate.

In my thirty years of practice in the long-term care arena I have never seen a staffing crisis as significant as what currently exists in the industry. While the crisis may have begun with COVID, the after-effects have continued years later. In my own facility, I currently am recruiting for 104 hours of R.N. time, 136 hours of LPN time and 152 hours of C.N.A. time which is currently being filled by expensive contract staff and overtime. In response to this staffing shortage I have increased benefits and wages in an effort to be more attractive to job seekers. I have dedicated employees whose main responsibility is the recruitment and on-boarding of staff. This mandate would already exacerbate an already crisis situation. If this proposal were to come to fruition, my facility would need to recruit and hire an additional 12 FTE's of Registered Nurses and an additional 18 FTE's of C.N.A.. Westside would not be alone. All nursing homes in the state would be recruiting for additional staff that are simply not there.

My second concern is the cost of this proposed, unfunded mandate. A quick review of my staffing levels compared to the proposal would increase my salary and benefit costs by \$2.7 million dollars per year. This incremental cost far exceeds my financially struggling facility's bottom line.

In closing, increased staffing for nursing homes is an admirable idea, particularly in increasing the more clinically advanced R.N.'s. The goals, however laudable, are in direct conflict with the current reality that the industry is already suffering from a staffing shortage. Even if funding were secured to cover the incremental expense, finding the additional staff would prove to be an insurmountable challenge.

I thank the Committee for their time.

George Kingston
Administrator

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